

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29766**  
Registrar's No. **23**

FILED OCT 8 1951

BIRTH NO.		REG. DIST. NO. <b>69</b>		PRIMARY REG. DIST. NO. <b>4122</b>		Registrar's No. <b>23</b>	
1. PLACE OF DEATH a. COUNTY <b>CHRISTIAN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CHRISTIAN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>NIXA</b>		c. LENGTH OF STAY (in this place) <b>2 MONTHS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>NIXA</b>		<b>0220</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				d. STREET ADDRESS (If rural, give location) <b>NO STREET ADDRESS</b>			
3. NAME OF DECEASED (Type or Print) <b>CLAUDE</b>		a. (First)		b. (Middle) <b>ERNEST</b>		c. (Last) <b>VANDERPOOL</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 20 1951</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		8. DATE OF BIRTH <b>MARCH 30-1879</b>		9. AGE (In years last birthday) <b>72</b> If UNDER 1 YEAR: Months Days If UNDER 1 HRS. Hours Min.	
11. BIRTHPLACE (State or foreign country) <b>CALDWELL CO., MISSOURI</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>LVM VANDERPOOL</b>		13b. MOTHER'S MAIDEN NAME <b>IMOGENE SWATTS</b>		14. NAME OF HUSBAND OR WIFE <b>JANE HEMBREE, VANDERPOOL</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. JANE VANDERPOOL, NIXA, MO.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>9:30 min.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9-16</b> , 19 <b>51</b> , to <b>9-20</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>9-20</b> , 19 <b>51</b> , and that death occurred at <b>7:15 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Harold Shaffer</b>		(Degree or title) <b>DO 2</b>		23b. ADDRESS <b>NIXA, MO.</b>		23c. DATE SIGNED <b>9-29-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>SEPT. 24-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>EISENHOUR</b>		24d. LOCATION (City, town, or county) (State) <b>STONE, CO. MO.</b>	
DATE REC'D BY LOCAL REG. <b>9-24-51</b>		REGISTRAR'S SIGNATURE <b>Allene Dierck</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Hains</b>		ADDRESS <b>Cleve. Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield  
RECEIVED OCT 2 1942  
Dist. File 1057-1742  
Date Filed 10-7-42

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed \_\_\_\_\_

*John Dean Harris*

Licensed Embalmer No. 4390

P. O. Address *Cleves, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.